



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
CHILD CARE DEVELOPMENT FUND GRANTS
FINAL PROGRAM REPORT

AS PART OF THE REQUIREMENT IN RECEIVING A CHILD CARE DEVELOPMENT FUND (CCDF) GRANT, YOUR DISTRICT AND/OR A NOT-FOR-PROFIT AGENCY AGREED TO SUBMIT TO THE DEPARTMENT SCHOOL-AGE CARE (SAC) PROGRAM INFORMATION AT THE COMPLETION OF YOUR GRANT AWARD. FOR EACH SAC PROGRAM SITE RECEIVING CCDF FUNDING, PLEASE COMPLETE THE FOLLOWING INFORMATION WITHIN THE SPACE PROVIDED. FORMS NOT COMPLETED ACCORDING TO DIRECTIONS WILL BE RETURNED FOR REVISION.

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| DISTRICT NAME | SITE NAME |
| COUNTY/DISTRICT CODE NUMBER | SCHOOL YEAR |
| TOTAL NUMBER OF CHILDREN ENROLLED IN THE SAC PROGRAM: _____ | |
| NUMBER OF CHILDREN ENROLLED IN THE SAC PROGRAM WHO ATTEND: BEFORE SCHOOL ONLY: _____ AFTER SCHOOL ONLY: _____ BEFORE AND AFTER SCHOOL: _____ SUMMER CARE: _____ | |
| NUMBER OF CHILD CARE STAFF THAT WORK IN THE PROGRAM WITH CHILDREN: _____ | |
| TYPE OF PROGRAM(S) YOU OFFER: BEFORE SCHOOL: _____ AFTER SCHOOL: _____ (CHECK ALL THAT APPLY) OTHER (I.E. HOLIDAY, VACATION, ETC.): _____ SUMMER: _____ | |
| PROVIDE A DAILY SCHEDULE: | |
| DESCRIPTION OF SAC DAILY CURRICULUM AND ENRICHMENT ACTIVITIES: | |
| HOURS OF OPERATION: | |
| WEEKLY PARENT FEES OR FEE SCHEDULE: | |

DESCRIPTION OF COLLABORATIVE EFFORTS:

DESCRIPTION OF HOW SAC GRANT HAS ENHANCED PROGRAM QUALITY:

INSERVICE TRAINING PROVIDED FOR AND/OR ATTENDED BY STAFF:

PROGRAMS AND/OR EVENTS FOR PARENTS:

PLEASE RETURN TO:

COMMUNITY EDUCATION SUPERVISOR
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480
JEFFERSON CITY MO 65102-0480
PHONE: 573 - 526-3961 FAX: 573 - 526-4261